

Culturally and Linguistically Appropriate Services (CLAS) Initiative
Organizational Supports Subcommittee

Meeting Minutes

July 26, 2007

Boston Regional Office

9:30 am

Meeting Attendees: Linda Shepherd, Sam Louis, Paul Oppedisano, Lurena Lee, Christine Haley Medina

- I. Coordinating Committee Memo
 - A. Commissioner held meeting on Tuesday, announced health disparities a priority
 - B. Don't want to lose the opportunity to not have our CLAS project incorporated into Commissioner's overall plan to eliminate HD
 - C. We don't have much time, we can't go old pace, need to move forward
 - D. We might not be able to do everything today, we will do as much as we can today, seeing as
 - E. Will there be an opportunity for us to talk with the Commissioner to talk about his Health Disparities agenda?
 - 1. Commissioner staff, said could e-mail him or assistants with concerns
 - F. Memo asks for work plan, timeline, budget by August 15
 - 1. Seems like a daunting task to do it by 11:30
 - 2. We can do as much as we can today, and do the rest over e-mail
 - 3. Feel free to talk to Sam, Linda or Christine with questions about plan
 - G. RFR has internal components, this is how we begin to make changes, how we ask it, are we honest in what we ask
 - H. Should send each other copies of what we have worked on with the work plans
- II. Work Plan
 - A. Work plan development
 - 1. Members should send each other copies of what they have worked on to rest of group
 - 2. Sam will complete the activities to the standards that haven't been covered
 - B. Standard 11 – Health care organizations should maintain current demographic, cultural and epidemiological profile of the community, as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area
 - 1. standard is an ethics question
 - 2. providers must swear to the following the “access of health care for all” the Hippocratic oath, are they really following this?
 - 3. Activity: Standardize collection of REL data
 - a. Do agencies have the capacity to collect data?

- b. Do agencies have to analyze REL data?
- c. Is DPH going to pay for agencies to work on this?
- d. Many organizations burdened, this will be adding more requirements
- e. community health center (CHC) health disparities collaborative
 - i. convened by UMass Worcester Medical Center
 - ii. federal grant, focusing on chronic disease/diabetes
 - iii. helping CHCs move to electronic records
 - iv. tracking electronically how many diabetes patients have checked glucose levels, had eye and foot exams, smokers
 - v. received funding from Robert Wood Johnson Foundation to hire community health worker
 - vi. are not looking at race and ethnicity yet; no access to REL data
 - vii. CHCs able to use same tool, but make adjustments for own tracking purposes
- f. health insurance data as surveillance tool
 - i. claims data doesn't have access to REL data
- g. Should we bring Bruce and Terry together to help develop a tool?
 - i. evaluators need to agree on variables
- h. Is there a way to look at what is already out there for collecting REL data?; we don't want to create something to add another layer to grantees
 - i. Barriers
 - i. not everyone has electronic records
 - ii. human error in data collection
 - iii. computer capacity
 - iv. some centers don't use computers, send data to DPH on paper
 - v. resource person needed to look at data
- 4. Activity: vendors encouraged to use disparity report card – e.g. Mass General Disparity DASH Card
 - a. we don't have a copy of the card, but Lorena can get one
- 5. “health care for all” – is that health insurance concept?
 - a. a lot of homeless and poor people have health insurance, but providers don't follow up; expect high risk patients able to keep up with appointments, meds, etc.,
 - b. when come into the hospital room, aren't given the same types of options that presents clearer (HSPS);
 - c. if an African-American comes into emergency room, they will be less likely to be asked for pain meds, than a white woman

- d. when think of access of health care for all, you still follow through with the same type of steps/treatment for all patients
 - e. need to look at social determinants for health – latinos and Haitians in Roxbury have different social determinants than someone living in Wellesley
 - f. develop a follow up system- if patient doesn't follow up on medical care, is it the hospitals responsibility too to work on follow –up
6. Activity: propose to have financial incentives for agencies that address health disparities in RFR
- a. What about those programs that don't work on health disparities?
 - i. all programs should have something to say about health disparities
 - ii. one of department priorities
 - b. Where is this money going to come from?
 - i. A threshold amount of funds, people should have to think about health disparities no matter how much money they get; just like ADD
 - ii. Needs for a general statement in all of them
 - iii. Group should try and establish RFR guidance before Commissioner puts out health disparities RFR to community based
 - c. Example from field
 - i. agency more money if works with faith community; they get more money to set up a kosher kitchen; the more they do, the more money they get;
 - ii. based on a percentage
 - iii. if you go for everything; you get the \$50,000, if you do everything
7. Activity: Community assessment/needs assessment
- a. Should be required part of RFR process, just as standard to do a budget, standard to do a needs assessment
 - b. Could be strain on smaller agencies to produce needs assessment (time, staff capacity) DPH could be open to what a needs assessment looks like
 - c. Need to be careful in asking for a needs assessment that we don't "keep out" some agencies
 - d. DPH should do internal assessment to see what programs are already asking for this information

C. Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related

measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations

1. Activity: Define terms

- a. health care organization, initial and on-going self assessments; CLAS related activities; cultural and linguistic competence; related measure
- b. develop a glossary as an attachment to RFR
- c. Culturally Competent Practice in process of developing definitions, Christine can send this to group as well as other national CLAS definition lists
- d. in one program – four different definitions of “culture”; would be helpful if had one definition for terms all across DPH

2. Standard 9 assumptions

- a. organizations conduct self assessments, internal audits, performance improvements programs, patient satisfaction assessments and outcomes based evaluations
- b. if they don't, should organizations create them specifically for CLAS?
- c. if just doing it for CLAS, then CLAS will be seen more as a burden;
- d. Agencies shouldn't create new processes, but that CLAS is integrated into existing systems

3. Activity: DPH conducts self-assessment for CLAS related activities

- a. Activity for DPH as a whole, not just by bureau
- b. more people of color are just consultants, not paid staff
- c. should be part of Human Resources' mission to address this
- d. one of Commissioner's objectives is to increase workforce diversity
- e. Emergency Preparedness should have REL data, maybe we can access it

4. Activity: DPH to include cultural and linguistic competency related measures in all internal audits, performance improvement programs, satisfaction assessments and evaluations

- a. Paul will break this down a bit more

III. Next Steps

- A. Friday, August 3rd – Completed standards will be given to Christine
- B. Wednesday, August 8 – Christine will send out activities for voting
- C. Friday, August 10 – Group members will send priorities to Christine
- D. August 13-15 – Budget and timeline will be developed
- E. Next meeting: Sam will set time over e-mail

C. Haley Medina, 07.27.07